State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

Month/Year Dec/2022 Entry Point Coperfield Park Well Required Minimum Residual 0.2 mg/L	System	n Name	Idaho Power- Oxbov	•		PWS ID# 4 1 00384			
Date Time	Month/	Year Dec	c/2022 Entry P		•	Requi	red Minimum	Residual 0.2 mg/L	
1 0700 Booster Pump	Date	Time	ne Source(s) in use		residual at entry point	residual at entry point to		Notes	
2	1	0700	Booster Pump			-	House 5613	₹ 40	
3 0700 Booster Pump						***************************************	110400	7.10	
4									
5								***************************************	
6 0700 Booster Pump							House 851	.33	
7					-				
8 0700 Booster Pump							ĺ		
9 0700 Booster Pump 5.1 11 0700 Booster Pump 5.1 12 0700 Booster Pump 5.1 13 0700 Booster Pump 5.7 14 0700 Booster Pump 5.7 15 0700 Booster Pump 5.7 16 0700 Booster Pump 5.7 17 0700 Booster Pump 5.5 18 0700 Booster Pump 5.5 19 0700 Booster Pump 5.7 19 0700 Booster Pump 5.7 19 0700 Booster Pump 5.7 19 0700 Booster Pump 5.5 19 0700 Booster Pump 5.6 10 0700 Booster Pump 5.6 11 0700 Booster Pump 5.6 12 0700 Booster Pump 5.6 13 0700 Booster Pump 5.6 14 0700 Booster Pump 5.6 15 0700 Booster Pump 5.6 16 0700 Booster Pump 5.6 17 0700 Booster Pump 5.6 18 0700 Booster Pump 5.6 19 0700 Booster Pump 5.6 19 0700 Booster Pump 5.6 10 0700 Booster Pump 5.6 11 0700 Booster Pump 5.0 12 0700 Booster Pump 5.0 12 0700 Booster Pump 5.0 13 0700 Booster Pump 5.0 14 0700 Booster Pump 5.0 15 0700 Booster Pump 5.0 16 0700 Booster Pump 5.0 17 0700 Booster Pump 5.0 18 0700 Booster Pump 5.0 19 0700 Booster Pump 5.0 19 0700 Booster Pump 5.0 19 0700 Booster Pump 5.0 10 Boo			Booster Pump		.43		House 5620) .30	
11			Booster Pump		.49				
12									
13 0700 Booster Pump .57 .54 .55		<u> </u>							
14							House 567	.36	
15									
16					·		ļ		
17 0700							House 5613	3 .40	
18									
19 0700 Booster Pump .56 House 851 .42									
20 0700 Booster Pump							1		
21 0700 Booster Pump .60 22 0700 Booster Pump .56 House 5620 .43 23 0700 Booster Pump .56 24 0700 Booster Pump .52 25 0700 Booster Pump .51 26 0700 Booster Pump .50 27 0700 Booster Pump .49 House 567 .36 28 0700 Booster Pump .49 House 567 .36 29 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, clid you monitor every four hours until the residual returned to 0.2 mg/L? Yes No Attach those results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Phone #: (541) 785-7225 OR							House 851	.42	
22 0700 Booster Pump .56 House 5620 .43 23 0700 Booster Pump .56 24 0700 Booster Pump .52 25 0700 Booster Pump .51 26 0700 Booster Pump .50 27 0700 Booster Pump .49 House 567 .36 28 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No hours GWS Serving 3,300 or Fewer If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? Yes No Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment was returned to service? Date it was returned to service: Yes No									
23 0700 Booster Pump .56 24 0700 Booster Pump .52 25 0700 Booster Pump .51 26 0700 Booster Pump .50 27 0700 Booster Pump .49 House 567 .36 28 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service: Printed Name: Heath Phelps Title: Building Maintenance Tec Operator Certification #: Operator Certification #: Operator Certification #: Operator Certification #:									
24 0700 Booster Pump .52 25 0700 Booster Pump .51 26 0700 Booster Pump .50 27 0700 Booster Pump .50 28 0700 Booster Pump .49 House 567 .36 28 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L?							House 5620 .43		
25 0700 Booster Pump .51 26 0700 Booster Pump .50 27 0700 Booster Pump .49 House 567 .36 28 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? Yes No If yes, were grab samples collected every four hours until the residual returned to 0.2 mg/L? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Attach those results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Phone #: (541) 785-7225 OR									
26 0700 Booster Pump .50 27 0700 Booster Pump .49 House 567 .36 28 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 House 5613 .30 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? ☐ Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ Yes ☐ No Attach those results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Operator Certification #: OR									
27 0700 Booster Pump 49 House 567 .36									
28 0700 Booster Pump .48 29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? Continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Attach those results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Operator Certification #: Phone #: (541) 785-7225 OR									
29 0700 Booster Pump .46 House 5613 .30 30 0700 Booster Pump .46 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? ☐ Yes ☐ No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No Attach those results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Phone #: (541) 785-7225 OR							House 56/.	.36	
30 0700 Booster Pump .46 31 0700 Booster Pump .47 Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? ☐ Yes ☐ No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Attach grab sample results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Operator Certification #: Phone #: (541) 785-7225 OR							=246		
Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? ☐ Yes ☐ No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Date continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No ☐ If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Date it was returned to service: ☐ / / Date it was returned to service: ☐ / / / Printed Name: Heath Phelps ☐ Title: Building Maintenance Tec ☐ Operator Certification #: ☐ Phone #: (541) 785-7225 ☐ OR ☐ O			·				House 5613	, .30	
Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Attach grab sample results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Phone #: (541) 785-7225 OR									
If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? □ Yes □ No Attach those results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No Attach grab sample results and submit them with this form. □ Yes □ No									
GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ Yes ☐ No Attach those results and submit them with this form. ☐ Printed Name: Heath Phelps Signature: ☐ Heath Phelps ☐ GWS Serving More Than 3,300 ☐ Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No ☐ No ☐ Yes ☐ No ☐ Attach grab sample results and submit them with this form. ☐ Title: Building Maintenance Tec ☐ Phone #: (541) 785-7225 ☐ OR ☐ OR ☐ OR ☐ OR ☐ OR ☐ OPERATOR Certification #: ☐ OR									
If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Attach grab sample results and submit them with this form. ☐ Title: Building Maintenance Tec ☐ Operator Certification #: ☐ OR ☐ OR				Il the required leve					
reporting month? Yes No Attach those results and submit them with this form. reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No Attach grab sample results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Phone #: (541) 785-7225 OR		-			_	_	1	.00	
Attach those results and submit them with this form. If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No No Service:		e residual retu	turned to 0.2 mg/L?	reporting month	reporting month? Yes No				
Attach grab sample results and submit them with this form. Printed Name: Heath Phelps Title: Building Maintenance Tec Operator Certification #: Signature: Phone #: (541) 785-7225 OR		those results			continuous monitoring equipment was returned to service?				
Signature: Phone #: (541) 785-7225 OR				Attach grab san	Attach grab sample results and submit them with this form. / /			1 1	
	Printed N		Phelps	Title	: Building Maintenance Tec	c	Operator	r Certification #:	
	Signature	e: <i>Aloc</i>		Pho	Phone #: (541) 785-7225		OR		